



Rep. Patricia R. Bellock

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09700HB5909ham001

LRB097 17029 KTG 67181 a

1 AMENDMENT TO HOUSE BILL 5909

2 AMENDMENT NO. _____. Amend House Bill 5909 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Children's Health Insurance Program Act is
5 amended by changing Section 23 as follows:

6 (215 ILCS 106/23)

7 Sec. 23. Care coordination.

8 (a) At least 50% of recipients eligible for comprehensive
9 medical benefits in all medical assistance programs or other
10 health benefit programs administered by the Department,
11 including the Children's Health Insurance Program Act and the
12 Covering ALL KIDS Health Insurance Act, shall be enrolled in a
13 care coordination program by no later than January 1, 2014
14 ~~2015~~. For purposes of this Section, "coordinated care" or "care
15 coordination" means delivery systems where recipients will
16 receive their care from providers who participate under

1 contract in integrated delivery systems that are responsible
2 for providing or arranging the majority of care, including
3 primary care physician services, referrals from primary care
4 physicians, diagnostic and treatment services, behavioral
5 health services, in-patient and outpatient hospital services,
6 dental services, and rehabilitation and long-term care
7 services. The Department shall designate or contract for such
8 integrated delivery systems (i) to ensure enrollees have a
9 choice of systems and of primary care providers within such
10 systems; (ii) to ensure that enrollees receive quality care in
11 a culturally and linguistically appropriate manner; and (iii)
12 to ensure that coordinated care programs meet the diverse needs
13 of enrollees with developmental, mental health, physical, and
14 age-related disabilities.

15 (b) Payment for such coordinated care shall be based on
16 arrangements where the State pays for performance related to
17 health care outcomes, the use of evidence-based practices, the
18 use of primary care delivered through comprehensive medical
19 homes, the use of electronic medical records, and the
20 appropriate exchange of health information electronically made
21 either on a capitated basis in which a fixed monthly premium
22 per recipient is paid and full financial risk is assumed for
23 the delivery of services, or through other risk-based payment
24 arrangements.

25 (c) To qualify for compliance with this Section, the 50%
26 goal shall be achieved by enrolling medical assistance

1 enrollees from each medical assistance enrollment category,
2 including parents, children, seniors, and people with
3 disabilities to the extent that current State Medicaid payment
4 laws would not limit federal matching funds for recipients in
5 care coordination programs. In addition, services must be more
6 comprehensively defined and more risk shall be assumed than in
7 the Department's primary care case management program as of the
8 effective date of this amendatory Act of the 96th General
9 Assembly.

10 (d) The Department shall report to the General Assembly in
11 a separate part of its annual medical assistance program
12 report, beginning April, 2012 until April, 2016, on the
13 progress and implementation of the care coordination program
14 initiatives established by the provisions of this amendatory
15 Act of the 96th General Assembly. The Department shall include
16 in its April 2011 report a full analysis of federal laws or
17 regulations regarding upper payment limitations to providers
18 and the necessary revisions or adjustments in rate
19 methodologies and payments to providers under this Code that
20 would be necessary to implement coordinated care with full
21 financial risk by a party other than the Department.

22 (Source: P.A. 96-1501, eff. 1-25-11.)

23 Section 10. The Covering ALL KIDS Health Insurance Act is
24 amended by changing Section 56 as follows:

1 (215 ILCS 170/56)

2 (Section scheduled to be repealed on July 1, 2016)

3 Sec. 56. Care coordination.

4 (a) At least 50% of recipients eligible for comprehensive
5 medical benefits in all medical assistance programs or other
6 health benefit programs administered by the Department,
7 including the Children's Health Insurance Program Act and the
8 Covering ALL KIDS Health Insurance Act, shall be enrolled in a
9 care coordination program by no later than January 1, 2014
10 ~~2015~~. For purposes of this Section, "coordinated care" or "care
11 coordination" means delivery systems where recipients will
12 receive their care from providers who participate under
13 contract in integrated delivery systems that are responsible
14 for providing or arranging the majority of care, including
15 primary care physician services, referrals from primary care
16 physicians, diagnostic and treatment services, behavioral
17 health services, in-patient and outpatient hospital services,
18 dental services, and rehabilitation and long-term care
19 services. The Department shall designate or contract for such
20 integrated delivery systems (i) to ensure enrollees have a
21 choice of systems and of primary care providers within such
22 systems; (ii) to ensure that enrollees receive quality care in
23 a culturally and linguistically appropriate manner; and (iii)
24 to ensure that coordinated care programs meet the diverse needs
25 of enrollees with developmental, mental health, physical, and
26 age-related disabilities.

1 (b) Payment for such coordinated care shall be based on
2 arrangements where the State pays for performance related to
3 health care outcomes, the use of evidence-based practices, the
4 use of primary care delivered through comprehensive medical
5 homes, the use of electronic medical records, and the
6 appropriate exchange of health information electronically made
7 either on a capitated basis in which a fixed monthly premium
8 per recipient is paid and full financial risk is assumed for
9 the delivery of services, or through other risk-based payment
10 arrangements.

11 (c) To qualify for compliance with this Section, the 50%
12 goal shall be achieved by enrolling medical assistance
13 enrollees from each medical assistance enrollment category,
14 including parents, children, seniors, and people with
15 disabilities to the extent that current State Medicaid payment
16 laws would not limit federal matching funds for recipients in
17 care coordination programs. In addition, services must be more
18 comprehensively defined and more risk shall be assumed than in
19 the Department's primary care case management program as of the
20 effective date of this amendatory Act of the 96th General
21 Assembly.

22 (d) The Department shall report to the General Assembly in
23 a separate part of its annual medical assistance program
24 report, beginning April, 2012 until April, 2016, on the
25 progress and implementation of the care coordination program
26 initiatives established by the provisions of this amendatory

1 Act of the 96th General Assembly. The Department shall include
2 in its April 2011 report a full analysis of federal laws or
3 regulations regarding upper payment limitations to providers
4 and the necessary revisions or adjustments in rate
5 methodologies and payments to providers under this Code that
6 would be necessary to implement coordinated care with full
7 financial risk by a party other than the Department.

8 (Source: P.A. 96-1501, eff. 1-25-11.)

9 Section 15. The Illinois Public Aid Code is amended by
10 changing Section 5-30 as follows:

11 (305 ILCS 5/5-30)

12 Sec. 5-30. Care coordination.

13 (a) At least 50% of recipients eligible for comprehensive
14 medical benefits in all medical assistance programs or other
15 health benefit programs administered by the Department,
16 including the Children's Health Insurance Program Act and the
17 Covering ALL KIDS Health Insurance Act, shall be enrolled in a
18 care coordination program by no later than January 1, 2014
19 ~~2015~~. For purposes of this Section, "coordinated care" or "care
20 coordination" means delivery systems where recipients will
21 receive their care from providers who participate under
22 contract in integrated delivery systems that are responsible
23 for providing or arranging the majority of care, including
24 primary care physician services, referrals from primary care

1 physicians, diagnostic and treatment services, behavioral
2 health services, in-patient and outpatient hospital services,
3 dental services, and rehabilitation and long-term care
4 services. The Department shall designate or contract for such
5 integrated delivery systems (i) to ensure enrollees have a
6 choice of systems and of primary care providers within such
7 systems; (ii) to ensure that enrollees receive quality care in
8 a culturally and linguistically appropriate manner; and (iii)
9 to ensure that coordinated care programs meet the diverse needs
10 of enrollees with developmental, mental health, physical, and
11 age-related disabilities.

12 (b) Payment for such coordinated care shall be based on
13 arrangements where the State pays for performance related to
14 health care outcomes, the use of evidence-based practices, the
15 use of primary care delivered through comprehensive medical
16 homes, the use of electronic medical records, and the
17 appropriate exchange of health information electronically made
18 either on a capitated basis in which a fixed monthly premium
19 per recipient is paid and full financial risk is assumed for
20 the delivery of services, or through other risk-based payment
21 arrangements.

22 (c) To qualify for compliance with this Section, the 50%
23 goal shall be achieved by enrolling medical assistance
24 enrollees from each medical assistance enrollment category,
25 including parents, children, seniors, and people with
26 disabilities to the extent that current State Medicaid payment

1 laws would not limit federal matching funds for recipients in
2 care coordination programs. In addition, services must be more
3 comprehensively defined and more risk shall be assumed than in
4 the Department's primary care case management program as of the
5 effective date of this amendatory Act of the 96th General
6 Assembly.

7 (d) The Department shall report to the General Assembly in
8 a separate part of its annual medical assistance program
9 report, beginning April, 2012 until April, 2016, on the
10 progress and implementation of the care coordination program
11 initiatives established by the provisions of this amendatory
12 Act of the 96th General Assembly. The Department shall include
13 in its April 2011 report a full analysis of federal laws or
14 regulations regarding upper payment limitations to providers
15 and the necessary revisions or adjustments in rate
16 methodologies and payments to providers under this Code that
17 would be necessary to implement coordinated care with full
18 financial risk by a party other than the Department.

19 (Source: P.A. 96-1501, eff. 1-25-11.)

20 Section 99. Effective date. This Act takes effect upon
21 becoming law."